

UnitedHealthcare Community Plan Reimbursement Policy Update Bulletin: May 2025

New																																																											
Policy Title	State(s)	Policy summary	Effective Date																																																								
Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility	Tennessee	<ul style="list-style-type: none"> Effective for dates of service on or after June 1, 2025, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement. 	June 01, 2025																																																								
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<p>Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility</p>	<p>Texas</p>	<ul style="list-style-type: none"> Effective for dates of service on or after August 1, 2025, UnitedHealthcare will implement the new Radiation Therapy – Dosimetry, Simulation/Devices and Management Policy, Professional and Facility. Radiation therapy dosimetry, simulation, and management services, identified with select CPT® codes, will have unit limitations during a 90-day episode of care, as noted below. Units billed in excess of the reimbursable units will not be considered for reimbursement. <table border="1" data-bbox="569 423 1770 789"> <thead> <tr> <th>Procedure Code</th> <th>Reimbursable Units</th> <th>Descriptions</th> <th>Treatment Description</th> </tr> </thead> <tbody> <tr> <td>77280</td> <td>4</td> <td>Therapeutic radiology simulation-aided field setting; simple</td> <td>Simulation</td> </tr> <tr> <td>77285</td> <td>2</td> <td>Therapeutic radiology simulation-aided field setting; intermediate</td> <td>Simulation</td> </tr> <tr> <td>77290</td> <td>3</td> <td>Therapeutic radiology simulation-aided field setting; complex</td> <td>Simulation</td> </tr> <tr> <td>77295</td> <td>2</td> <td>3-dimensional radiotherapy plan, including dose-volume histograms</td> <td>3-D Radiotherapy</td> </tr> <tr> <td>77300</td> <td>10</td> <td>Basic radiation dosimetry calculation</td> <td>Basic Dosimetry</td> </tr> <tr> <td>77301</td> <td>5</td> <td>Intensity modulated radiotherapy plan, including dose-volume histograms</td> <td>IMRT Dose Planning</td> </tr> <tr> <td>77332</td> <td>10</td> <td>Treatment devices, design and construction; simple</td> <td>Treatment Devices</td> </tr> <tr> <td>77333</td> <td>10</td> <td>Treatment devices, design and construction; intermediate</td> <td>Treatment Devices</td> </tr> <tr> <td>77334</td> <td>10</td> <td>Treatment devices, design and construction; complex</td> <td>Treatment Devices</td> </tr> <tr> <td>77338</td> <td>5</td> <td>Multi-leaf collimator (MLC) design and construction per IMRT plan</td> <td>MLT Device for IMRT</td> </tr> <tr> <td>77427</td> <td>9</td> <td>Radiation treatment management, 5 treatments</td> <td>Radiation Therapy Treatment Mgmt</td> </tr> <tr> <td>77431</td> <td>1</td> <td>Radiation therapy management with complete course of therapy</td> <td>Radiation Therapy Treatment Mgmt</td> </tr> <tr> <td>77435</td> <td>1</td> <td>Stereotactic body radiation therapy, treatment management</td> <td>Radiation Therapy Treatment Mgmt</td> </tr> </tbody> </table> <ul style="list-style-type: none"> These limits apply only to codes for the dosimetry, simulation, and management aspect of radiation therapy treatment planning and not to radiation therapy treatment itself. A 90-day episode of care begins when one of the therapeutic radiology treatment planning CPT® codes (77261, 77262, and 77263) are billed. A new episode of care begins again if a radiation treatment planning code is submitted before the previous 90-day episode of care ends. 	Procedure Code	Reimbursable Units	Descriptions	Treatment Description	77280	4	Therapeutic radiology simulation-aided field setting; simple	Simulation	77285	2	Therapeutic radiology simulation-aided field setting; intermediate	Simulation	77290	3	Therapeutic radiology simulation-aided field setting; complex	Simulation	77295	2	3-dimensional radiotherapy plan, including dose-volume histograms	3-D Radiotherapy	77300	10	Basic radiation dosimetry calculation	Basic Dosimetry	77301	5	Intensity modulated radiotherapy plan, including dose-volume histograms	IMRT Dose Planning	77332	10	Treatment devices, design and construction; simple	Treatment Devices	77333	10	Treatment devices, design and construction; intermediate	Treatment Devices	77334	10	Treatment devices, design and construction; complex	Treatment Devices	77338	5	Multi-leaf collimator (MLC) design and construction per IMRT plan	MLT Device for IMRT	77427	9	Radiation treatment management, 5 treatments	Radiation Therapy Treatment Mgmt	77431	1	Radiation therapy management with complete course of therapy	Radiation Therapy Treatment Mgmt	77435	1	Stereotactic body radiation therapy, treatment management	Radiation Therapy Treatment Mgmt	<p>August 01, 2025</p>
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<p>Ambulance Policy, Professional</p>	<p>Kentucky Kansas</p>	<ul style="list-style-type: none"> Effective for dates of service on or after June 1, 2025, UnitedHealthcare will enhance the new Ambulance Policy, Professional. In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge. 	<p>June 01, 2025</p>																																																								

Professional/Technical Component Policy, Professional	Arizona	<ul style="list-style-type: none"> • Effective for dates of service on or after June 1, 2025, UnitedHealthcare will enhance the Professional/Technical Component Policy, Professional to align with the Centers for Medicare and Medicaid (CMS): if a radiology service is rendered and the physician or other eligible qualified healthcare professional performs a review rather than the full written interpretation and report, the reimbursement is considered included in the Evaluation and Management (E/M) service. • The interpretation of a radiology service appended with modifier 26 will not be considered for separate reimbursement when reported <i>by the same individual provider</i> (physician or other qualified healthcare professional), on the same date of service as an E/M service, for the same patient, unless a copy of the radiology report is attached to support separate reimbursement. <ul style="list-style-type: none"> ○ For example, if an emergency room provider bills for an E/M service and an interpretation, the emergency room provider would need to submit the report for the claim to be considered for separate reimbursement. If the emergency room provider bills for an E/M service only and a radiologist bill for an interpretation, the radiologist would not be required to submit a report for their claim to be considered for reimbursement. • To help providers submit an interpretation report, a Smart Edit will be implemented which will provide additional details as to the process. 	June 01, 2025
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CCI Editing Policy, Professional and Facility	Tennessee	<ul style="list-style-type: none"> • Effective for dates of service on or after June 01, 2025, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> ○ 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) ○ 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis). 	June 01, 2025
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CCI Editing Policy, Professional and Facility	Texas	<ul style="list-style-type: none"> • Effective for dates of service on or after August 01, 2025, UnitedHealthcare Community Plan will align with The Centers for Medicare and Medicaid (CMS) by enhancing the existing CCI Editing, Professional and Facility policy to support claim line denials when there are two shoulder arthroscopic procedures performed on the same shoulder. • In accordance with CMS National Correct Coding Initiative (NCCI) CPT codes 29805-29828 Procedure to Procedure (PTP) edit code pairs consisting of two codes describing two shoulder arthroscopy procedures performed on the same shoulder will not be considered for separate reimbursement regardless if the code is appended with an NCCI PTP associated modifier. This includes the use of modifier 59. • PTP edit code pairs will be considered for separate reimbursement when performed on opposite shoulders and when appended with an appropriate NCCI PTP associated modifier. • There are three exceptions which are described in Chapter IV, Section E (Arthroscopy), Subsection 7 of the NCCI manual. The following CPT codes will be considered for separate reimbursement when submitted in addition to code 29823 if extensive debridement is completed in a different area of the same shoulder. <ul style="list-style-type: none"> ○ 29824 (Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) ○ 29827 (Arthroscopy, shoulder, surgical; with rotator cuff repair) ○ 29828 (Arthroscopy, shoulder, surgical, biceps, tenodesis. 	August 01, 2025
Ambulance Policy, Professional Reminder	New Jersey Texas	<ul style="list-style-type: none"> • Effective for dates of service on or after June 1, 2025, UnitedHealthcare will enhance the new Ambulance Policy, Professional. • In alignment with CMS, ambulance services to and from an originating facility to another facility for services such as diagnostic tests or specialty treatment will not be reimbursed if the date(s) of service overlap with an inpatient stay. The date span criteria will exclude the date of admission and discharge. 	June 01, 2025

Revised			
Policy Title	State(s)	Summary of Changes	Effective Date
Device and Skin Substitute Policy, Facility	Texas Kansas Florida	<ul style="list-style-type: none"> UnitedHealthcare Community Plan will align with CMS by creating a new Device and Skin Substitute Policy, Facility that will be effective for dates of service on or after June 01, 2025. When a device- dependent procedure code is submitted, the appropriate device code must be submitted on the same claim for the same date of service unless the procedure was terminated. The submission of certain skin substitute application procedures requires the appropriate skin substitute product be submitted on the same day. These procedures and products are divided into two lists based on high or low cost. 	June 01, 2025
Services by Residents, Interns, and Medical Students Policy, Professional	Kentucky	<ul style="list-style-type: none"> Effective for claims with dates of service on or after June 01, 2025, consistent with CMS, UnitedHealthcare will not reimburse services rendered by unlicensed medical students as identified by the Healthcare Provider Taxonomy Code reported on the claim. Additionally, claims for services by residents and interns will be considered for reimbursement when billed with the appropriate modifiers to indicate covered services were rendered by a resident or certain interns, as defined by CMS, under the direction of a teaching physician or without the presence of a teaching physician under the primary care exception. 	June 01, 2025
Rebundling Policy, Professional	Arizona	<ul style="list-style-type: none"> Effective with dates of service on or after June 01, 2025, HCPCS code G2211 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. UnitedHealthcare’s Community Plan reimbursement for the services associated with G2211 is included in its reimbursement for outpatient evaluation and management services and therefor G2211 is not separately reimbursable 	June 01, 2025
Rebundling Policy, Professional	Arizona	<ul style="list-style-type: none"> Effective with dates of service on or after June 01, 2025, HCPCS code G0545 will be included within the UnitedHealthcare Community Plan Rebundling Policy, Professional. UnitedHealthcare’s Community Plan reimbursement for the services associated with G0545 is included in its reimbursement for outpatient evaluation and management services and therefor G0545 is not separately reimbursable 	June 01, 2025

<p>Modifier Policy, Facility Reminder</p>	<p>Texas</p>	<ul style="list-style-type: none"> The new Modifier Policy, Facility, will be effective July 01, 2025, for dates of service on or after October 25, 2024. In alignment with the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS), modifier 53 is not appropriate for reporting on a UB-04 claim form. Therefore, United Healthcare Community Plan will deny the claim line reported with modifier 53 on outpatient facility claims. 	<p>July 01, 2025</p>
<p>Hospital Inclusive Charges Policy, Facility</p>	<p>Colorado District of Columbia Florida Hawaii Maryland Massachusetts Michigan Missouri New Mexico New York North Carolina Pennsylvania Rhode Island Virginia Washington Wisconsin</p>	<ul style="list-style-type: none"> Effective for dates of service on or after August 01, 2025, UnitedHealthcare will publish a new Hospital Inclusive Charges Policy, Facility that is in accordance with the Centers for Medicare and Medicaid Services’ Provider Reimbursement Manual. This policy aims to provide guidelines on which items or services are not eligible for separate reimbursement during both inpatient and outpatient hospital visits. Certain categories of items and services are included within the overall room and board or facility fee charge for an inpatient or outpatient visit or otherwise bundled within services provided as part of the visit, and therefore are not considered separately reimbursable by UnitedHealthcare. Why did UnitedHealthcare publish this policy? UnitedHealthcare introduced the Hospital Inclusive Charges Policy to provide greater transparency into our process regarding items associated with certain inpatient and outpatient stays that aren’t considered separately reimbursable. These items are already included within the room and board reimbursement or the reimbursement for an underlying procedure, as applicable. What should facilities expect to see differently? Facilities already receive documentation requests to ensure reimbursements comply with policy requirements as part of our standard process. This will provide greater transparency into that process, which is used today in reviews and audits of claims paid on a percent of charge basis such as itemized bill reviews and hospital bill audits. 	<p>August 01, 2025</p>

<p>Molecular Pathology Policy, Professional and Facility</p>	<p>Texas</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after August 01, 2025, UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. • The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7. 	<p>August 01. 2025</p>
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<p>Molecular Pathology Policy, Professional and Facility</p>	<p>Tennessee</p>	<ul style="list-style-type: none"> • Effective with dates of service on or after June 01, 2025, UnitedHealthcare Community Plan will revise the Molecular Pathology Policy, Professional. • The updated reimbursement policy requirements will apply to both professional and facility claims, and the policy name will be updated to Molecular Pathology Policy, Professional and Facility. • The policy will require the submission of a DEX Z-code® which would be obtained from the Palmetto DEX Registry for claims to be considered for reimbursement. • The registry can be found on www.dexzcodes.com. • Claims for molecular pathology services will be denied if the DEX Z- code® information is missing, invalid, or does not match the service represented by the CPT code reported on the claim. • Claims denied for missing or invalid information may be resubmitted with the required information. • The Palmetto DEX Z- code® should be reported in Loop 2400 or SV-101-7 for professional electronic claims and in box 19 for paper claims. Facility claims should be reported in Loop 2400 or SV-202-7. 	<p>June 01, 2025</p>
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Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
Reimbursement Policy Code Updates – Multiple Policies	Multiple	<p>In response to Provider feedback and in an effort to provide more transparency, UnitedHealthcare is providing additional information regarding code updates that impact reimbursement policies. These updates are not changing the intent or the coding requirements of the policy, but reflect changes made to industry standard code sets.</p> <ul style="list-style-type: none"> Information regarding these code updates can be found in the history section which is located at the end of the posted policy. Code sections/lists/tables within a policy may not be comprehensive but may be provided as examples. Please review the full policy to understand applicability. Code updates could include, for example, CPT, HCPCS, ICD-10, Modifiers, Revenue Codes, or other industry standard code sets. UnitedHealthcare routinely updates its reimbursement policies in response to code updates made by, for example, Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), and the World Health Organization (WHO). This information is provided as a courtesy and may not include all code updates. Check published policy to determine impact at the state level. The following UnitedHealthcare policies have recently been updated to include code changes: <ul style="list-style-type: none"> Add-On Codes, Professional Age to Diagnosis Code and Procedure Code Policy, Professional Ambulance Services, Professional Anesthesia, Professional B Bundle, Professional Contrast & Radiopharmaceutical Materials, Professional Diagnosis Code Requirement Policy, Professional and Facility DME, Orthotics and Prosthetics, Professional Drug Testing Reimbursement Policy, Professional Facility Billing From - To Date, Professional Gender to Procedure and Diagnosis, Professional Global Days, Professional Home Health Services, Professional Laboratory Services, Professional 	May 01, 2025

Code Update			
Policy Title	State(s)	Summary of Changes	Effective Date
		<ul style="list-style-type: none"> • Maximum Frequency per Day CPT, Professional • Maximum Frequency per Day HCPCS, Professional • Medically Unlikely Edits (MUE), Professional and Facility • Non-Covered and Covered Codes Policy, Facility • Non-Covered and Covered Codes Policy, Professional • Nonphysician Health Care Professionals Billing E/M Codes, Professional • Obstetrical Services, Professional • Obstetrical Ultrasound, Professional • Once in a Lifetime, Professional • Preventive Medicine and Screening, Professional • Procedure and Place of Service, Professional • Procedure to Modifier, Professional • Professional/Technical Component, Professional • Revenue Codes Requiring Procedure Codes, Facility • Supply Policy, Professional • Telehealth/Virtual Health Policy, Professional • Telehealth/Virtual Health Policy, Professional and Facility • Time Span Codes Policy, Professional • Vaccines For Children Policy, Professional 	

Published reimbursement policies are intended to ensure reimbursement based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member’s benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Community Plan Reimbursement Policies is available at UHCprovider.com > Policies and Protocols > Community Plan Policies > [Reimbursement Policies for Community Plan](#).